

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT . . . TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved. *C/SF*
Budget Bureau No. 1004-01
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

3. LEASE DESIGNATION AND SERIAL NO.
NM 4986

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Pacheco Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Angell Ranch *Angell - Pacheco*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 1, T20S, R27E

12. COUNTY OR PARISH 13. STATE
Eddy NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR *CHEVRON*

3. ADDRESS OF OPERATOR
Chevron U.S.A. Inc. ✓
P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit G, 1980' FNL and 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, BT, CR, etc.)
3379.6' 6.1'

APR 30 '90

O. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) <u>Temporarily Abandon</u>			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion or recompletion report and log form.)
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

MIRU PU, POOH W/ PKR SET CIBP @ 10715 CAP W/ 35' CMT DISPLACE CSG W/ PKR FLUID
L/D PT TEST CASING TO 520 PSI OK WELL TEMPORARILY ABANDONED 3-24-90

WORK STARTED & ENDED 3-24-90

RECEIVED
MAR 28 10 57 AM '90
CARRIZO
AREA HEADQUARTERS

APPROVED FOR 12 MONTHS

ENDING 4/30/91

18. I hereby certify that the foregoing is true and correct

SIGNED M. E. Akim 3/27/90 TITLE Staff Drlg. Engr.

DATE 3-27-90

(This space for Federal or State office use)

Original Signed by Agent Signature

APPROVED BY _____ TITLE _____

DATE 4/26/90

CONDITIONS OF APPROVAL, IF ANY: